Name in Full: Melinda Addison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near So. Marlboro — County: Calvert

Date of death 1904: Month: Feby — Day: 29 — Years: Age 45 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: African — Birthplace: Calvert Co

Married, Single or Widowed: Married — Occupation: Housekeeper

Name of Wife or Husband: James Addison

Father's Name: Harry Brown — Father's Birthplace: Calvert Co

Mother's Maiden Name: Lucie Brown — Mother's Birthplace: " "

Name of person giving In formation: Benson Jacks — How related to deceased: No. Relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? as near as possible

Signature of Physician: E H Hueman

Address: So. Marlboro, Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full John J. Brooks

Certificate of Death 45

Died at Town Island Creek County Calvert MARYLAND

Date 1904 Month Feb. Day 27 | Age Y. 85 M. D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Single~~ Married | Widow Widower | Divorced | Number of children living 8

~~Wife~~ Husband of Sarah R. Brooks

Father's Name David Brooks | Mother's Maiden Name Katherine Smith

Cause of Death: Primary Senile decay. | How long sick 4 mos.

Immediate Exhaustion from Old Age. | Accident, Suicide, Homicide

Reported by C. Brown

Address [redacted] Maddox Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Name in Full: Mrs Hannah Brown.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Islandcreek; County: Calvert.

Date of death 1904: Month: Feb; Day: 20; Age: Years: 65; Months; Days

Sex: Female; Color or Race: Colrd; Birthplace: Calvert

Occupation: House keeping; Where Residing if not at place of death:

Married, Single or Widowed: M; Name or Wife or Husband: Thomas Brown Sr

Father's Name: Celo Wilson; Father's Birthplace: Calvert

Mother's Maiden Name: Kitty Kell; Mother's Birthplace: Calvert

Name of person giving In formation: Thomas Brown; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Assipules; How long

Immediate: Blood Poison 20 days; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dated By John J Bro

Accident or Suicide?

LIBRARY BUREAU A83518

Name in Full: Isaac Bowman

CERTIFICATE OF DEATH 46

MARYLAND

Died at — Town: Mutual — County: Calvert

Date of death 190- — Month: 2 — Day: 6 — Age — Years: — Months: 8 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Calvert

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: — — — — —

Father's Name: Thomas Brown — Father's Birthplace: Calvert

Mother's Maiden Name: Maggie Gray — Mother's Birthplace: Calvert

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 179 — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John T. Beard

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: William A. Buck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Olivet — County: Calvert

Date of death 1904: Month: Feby — Day: 4 — Age: Years: 49 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Calvert Co Md

Married, Single or Widowed: Married — Occupation: Mailcarrier

Name of Wife or Husband: Agnes Kent

Father's Name: James Buck — Father's Birthplace: Calvert Co md

Mother's Maiden Name: Cassie Baloon — Mother's Birthplace: Calvert Co md

Name of person giving In formation: Agnes Buck — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

66

CAUSES OF DEATH

Primary: Cabalysis — How long: 8 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo F Saunders MD

Address: Lusby Md

PHYSICIAN OR CORONER

~~Accident or Suicide~~?

LIBRARY BUREAU A83516

Name in Full: Mary Clare

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake Beach — County: Calvert

Date of death 1904: Month: Feb — Day: 28 — Years: Age 2 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Cal. Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Jno Clare — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Mary Mizell — Mother's Birthplace: Cal. Co.

Name of person giving In formation: Louis Jones — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1 year

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Leitch

Address: Huntingtown Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Caroline Coates

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chaneyville — County: Calvert

Date of death 1904: Month: Feby — Day: 14 — Age: Years: 41 — Months: — Days:

Sex: Female — Color or Race: African — Birthplace: Calvert

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: James Coates

Father's Name: Lewis Parker — Father's Birthplace: Calvert Co

Mother's Maiden Name: Caroline Parker — Mother's Birthplace: Calvert Co

Name of person giving In formation: Hannah Hawkins — How related to deceased: Sister

108.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Bowel — How long: 3 days

Immediate: Appendicitis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Hinman

Address: So. Marlboro, Md.

Accident or Suicide? —

LIBRARY BUREAU A68518

Name in Full: Infant Child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Adelphi — County: Prince Georges

Date of death: 1904 — Month: July — Day: 9 — Age: Years: 5 Months — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Prince Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Jas E Conner — Father's Birthplace: Maryland

Mother's Maiden Name: Ella Hendricks — Mother's Birthplace: " "

Name of person giving Imformation: Jos E. Conner — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sophia Crowdy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Olivett County: Calvert

Date of death: Month: 2 Day: 6 1904

Age: Years: 56 Months: Days: 6

Sex: Female

Color or Race: Colored

Birthplace: St Marys

Occupation:

Where Residing if not at place of death: St Marys co md

Married, Single or Widowed: Married

Name of Wife or Husband: Patric Butler

Father's Name: Horace G Crowdy

Father's Birthplace: St Mary

Mother's Maiden Name: Elizabeth Bush

Mother's Birthplace: St Marys

Name of person giving information: Wm H. Douglas

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza Rheumatism

How long:

Immediate:

How long: 1 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas L. Tucker Undertk

Address: Cove Point

Calvert co Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: William Forester

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake Beach; County: Calvert

Date of death 1904: Month: Feb; Day: 18; Age: Years: ; Months: 6; Days:

Sex: Male; Color or Race: Colored; Birthplace: Friendship

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: 93

Father's Birthplace:

Mother's Maiden Name: Charlotte Forester

Mother's Birthplace: Calvert Co

Name of person giving Imformation: Edwin Holland

How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: week

Immediate: Heart Failure — How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship

Accident or Suicide?

LIBRARY BUREAU A8981S

Name in Full: A Inmaint

42

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Island Creek — County: Calvert

Date of death 1904 — Month: Feb — Day: 11 — Age — Years: — — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Islandcreek

Occupation — Where Residing if not at place of death

Married, Single or Widowed: single — Name or Wife or Husband: — — — —

Father's Name: John W Gantt — Father's Birthplace: Calvert Co

Mother's Maiden Name: Carrie Whitr — Mother's Birthplace: Calvert Co

Name of person giving In formation: John W Gantt — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: John J Brooks

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Leslie Somerville Gotth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dares — County: Calvert

Date of death 1904: Month: Feby — Day: 15 — Age: Years: — Months: — Days: 24

Sex: Male — Color or Race: White — Birthplace: Calvert Co

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Amos J. Gotth — Father's Birthplace: Calvert Co Md

Mother's Maiden Name: Edna M. Cosden — Mother's Birthplace: Calvert Co Md

Name of person giving Information: Barbara A. Cosden — How related to deceased: Grand mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dermatitis — How long: about 2 weeks

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo F Gambrill MD

Address: Lusby, Calvert Co, Md

Accident or Suicide?

LIBRARY BUREAU A88513

Name in Full: Annie Cornelia Gray

43

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Carr — County:

Date of death 1904 — Month: Feb 22 — Day: Mar 2

Age — Years: 24 — Months: 6 — Days: 10

Sex:

Color or Race: Col'd

Birthplace: Calvert Co

Occupation: Housekeeping

Where Residing if not at place of death: Calvert Co

Married, Single or Widowed: Married

Name of Wife or Husband: Annie Cornelia Gray

Father's Name: William R Rawlings

Father's Birthplace: Calvert Co

Mother's Maiden Name: Martha Knight

Mother's Birthplace: " "

Name of person giving Information: George M Gray

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption, 2 — How long: 5 years

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide? Reported John D Briscoe

LIBRARY BUREAU A66516

Name in Full: Margaret Gross

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Island Creek — Town; Col — County

Date of death: 1904 — Month: July — Day: 26 — Years: 7 — Months: 9 — Days:

Sex: Female — Color or Race: Mulatto — Birthplace: Calvert Co

Occupation: Home Duties — Where Residing if not at place of death:

Widowed — Name of Wife or Husband:

Father's Name: Jack Gross — Birthplace: Calvert Co

Mother's Maiden Name: Harriet Brooks — Mother's Birthplace:

Name of person giving information: Victoria Gross — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright Disease — How long: 1 year

Immediate: Na — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John T. Brooks M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A6618

Name in Full: Alexander Hammett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barnes; County: Calvert

Date of death: Month: July; Day: 22; Year: 1904

Age: Years: —; Months: —; Days: 3

Sex: Male; Color or Race: Mulatto; Birthplace: Barnes

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ollie J Hammett; Father's Birthplace: Calvert

Mother's Maiden Name: Marian Chew; Mother's Birthplace: "

Name of person giving Information: Cornelia Chew; How related to deceased: Gnd. Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spasms; How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas F. Howard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Barstow — County: Calvert

Date of death: 29 / 1904 — Month: February — Day: Monday — Years: Age 70 — Months — Days

Sex: Male — Color or Race: White — Birthplace: St. Marys County, Md

Occupation: Farmer — Where Residing if not at place of death: Barstow, Calvert Co. Md

Married, Single or Widowed: Widower — Name of Wife or Husband: Sarah N. Essex

Father's Name: — Father's Birthplace: St. Marys Md

Mother's Maiden Name: — Mother's Birthplace: " "

Name of person giving information: R. H. Hall — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 years

Immediate: Consumption — How long: 2 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. H. Hall

Address: Barstow, Md

Accident or Suicide?

LIBRARY BUREAU A38816

Dr. A. J. Williams

Baston

Health Officer Md

Name in Full: Lizzie Myrtle Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntingtown; County: Calvert

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age: Years	Months	Days
1904	Feb	28		8	

Sex: Female

Color or Race: Black

Birthplace: Cal. Co.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Frank Johnson

Father's Birthplace: Baltimore City

Mother's Maiden Name: Nora Chew

Mother's Birthplace: Cal. Co.

Name of person giving Information: Father

How related to deceased:

12

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns on body — How long:

Immediate: Shock — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Leitch

Address: Huntingtown Md.

Accident or Suicide? Accident

LIBRARY BUREAU A88816

Name in Full: Theodore Rawlings

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mutual — Town

County: County — MARYLAND

Date of death 1904	Month	Day	Years	Months	Days
	Oct	12	Age	9 months	

Sex:

Color or Race: Dark

Birthplace: Calvert Co

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name or Wife or Husband:

Father's Name: Benson Rawlings — Father's Birthplace: Calvert Co

Mother's Maiden Name: Sarah Combs — Mother's Birthplace: Calvert Co

Name of person giving In formation: Benamin Rice — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 179 — How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: [redacted]

Accident or Suicide?

John D. Brooke undertaker

LIBRARY BUREAU A8881G

Name in Full: Virgie Scott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Charnyville; County: Calvert

Date of death: Month: Feby; Day: 14; 190 4

Age: Years; Months; Days

Sex: Male

Color or Race: Colored

Birthplace: Calvert Co. Md.

Occupation: Foundry work

Where Residing if not at place of death: Harrisburg, Pa.

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: James Scott

Father's Birthplace: Calvert Co. Md.

Mother's Maiden Name: 108

Mother's Birthplace: Calvert Co. Md.

Name of person giving Information: Josh Scott

How related to deceased: Brother

CAUSES OF DEATH

TO BE ANSWERED BY PHYSICIAN OR CORONER

Primary: Chronic Intestinal Obstruction — How long: 4 years

Immediate: Acute mania, Exhaust — How long: 8 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. S. Mc. Chaney

Address: Chaney

Accident or Suicide?

LIBRARY BUREAU A66516